



TOWN OF NARRAGANSETT

Town Hall, 25 Fifth Avenue, Narragansett, R.I. 02882-0777 • Tel. 789-1044

Application for Employment – Firefighter

Please print information and complete front and back of application.

Position(s) Applied For

Date of Application

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

Please answer the following questions.

Have you ever filed an application with us before? If yes, give date _____ Yes/No

Are you currently employed? Yes/No

May we contact your present employer? Yes/No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes/No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____ Shift Work _____ Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes/No

Can you travel if a job requires it? Yes/No

Have you been convicted of a felony within the last 7 years? Yes/No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

High School

Years Completed

Graduation Date

Other Education

Name of School

Course of Study

Years Completed

Graduation Date

1. _____

2. _____

Please attach additional information that you would like to be considered in review of you application.

The Town is participating in Worker's Compensation System (Comp. Law 28-29-6.2)

Injured employee has freedom to choose medical treatment initially.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Pursuant to Town Ordinance, candidates must be between 18-31 years of age at the time of appointment.

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer/Company Name Supervisor Name Employer Telephone #(s)

Employer Address

Job Title Hourly Rate/Salary Dates Employed To/From

Reason for leaving

2.

Employer/Company Name Supervisor Name Employer Telephone #(s)

Employer Address

Job Title Hourly Rate/Salary Dates Employed To/From

Reason for leaving

References

1.

Name Address Phone #

2.

Name Address Phone #

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of my employment, I understand that false or misleading information given in my, application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date